

## EDR MANUAL REGISTRATION FORM

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Are you a supervisor? ☐ yes ☐ no E-Mail Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Approval and Method of Payment:** (This area must be completed or registration cannot be processed)

I have obtained the necessary agency approval to participate in this training course: ☐ yes ☐ no

Approval given by: \_\_\_\_\_ title: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

For the Basic and Group Mediation courses: I understand that my approval is for this employee to attend this course and to conduct at least one EDR Mediation a year. I recognize this means the employee will be away from his/her regular place of work during this time. Approval given: \_\_\_\_\_  
(initial)

IAT Agency- Agency#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Check Amount (Payable to the Treasurer of Virginia): \_\_\_\_\_

A \$25.00 charge will be assessed for any returned check

If accommodation for a disability is required, please specify: \_\_\_\_\_

\_\_\_\_\_

Please return the completed form to:  
Department of Employment Dispute Resolution  
One Capitol Square, 830 E. Main St., Suite 400  
Richmond, VA 23219  
FAX (804) 786-0111